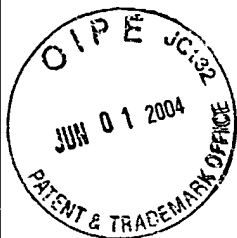


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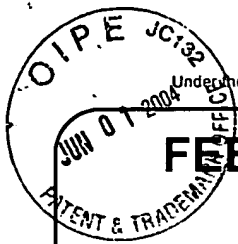
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1. Fee Transmittal Form PTO/SB/17 (2 for a total of 2 pages)
2. Notice Of Appeal Form PTO/SB/31 (1 page)
3. Petition For Extension Of Time Form PTO/SB/22 (1 page)
4. Return Receipt Postcard

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 440

Complete if Known

| | |
|----------------------|--|
| Application Number | 09/502,728 |
| Filing Date | 11 Feb 2000 |
| First Named Inventor | Wesley DeWayne Lindquist |
| Examiner Name | Channavajjala, Srirama T. |
| Art Unit | 2177 |
| Attorney Docket No. | 013212.0107PTUS (Formerly 13212.107US) |

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|--|---------------------|---|----------------|
| METHOD OF PAYMENT (check all that apply) | | 3. ADDITIONAL FEES | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order | | Large Entity Small Entity | |
| <input checked="" type="checkbox"/> Deposit Account: | | | |
| Deposit Account Number | 50-1848 | | |
| Deposit Account Name | Patton Boggs LLP | | |
| The Director is authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |
| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity | Small Entity | | |
| Fee Code Fee (\$) | Fee Code Fee (\$) | Fee Description | Fee Paid |
| 1001 770 | 2001 385 | Utility filing fee | |
| 1002 340 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 770 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | (\$) 0 |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims | -20 ** | Extra Claims | Fee from below |
| Independent Claims | -3 ** | | |
| Multiple Dependent | | | |
| | | | |
| Large Entity | Small Entity | | |
| Fee Code Fee (\$) | Fee Code Fee (\$) | Fee Description | |
| 1202 18 | 2202 9 | Claims in excess of 20 | |
| 1201 86 | 2201 43 | Independent claims in excess of 3 | |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid | |
| 1204 86 | 2204 43 | ** Reissue independent claims over original patent | |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | (\$) 0 |
| *or number previously paid, if greater; For Reissues, see above | | | |
| | | Other fee (specify) _____ | |
| | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 440 | |

| | | | |
|---------------------|------------------------|-----------------------------------|--------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Varen C. Belair | Registration No. (Attorney/Agent) | 49,056 |
| Signature | <i>Varen C. Belair</i> | Telephone | 303-894-6178 |
| | | Date | May 27, 2004 |

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